STATE OF NEW HAMPSHIRE

2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

I. Name of Lobbyi	st(s) Maur	een D. S	mith		***************************************	
II. Name of lobbyi	st's partners	hip, firm or co	orporation, if an	y:		
Orr & Ren	o, P.A.					
(1	Name of partne	rship, firm or co	poration)			
45 S. Mai:	n St. F	O Box 35	50 Concor	d	NH	03302
Business Address:	(Street)		(Town/City)		(State)	(Zip Code)
(603) 224-23		(603)	224-2318	e-mai	msmith@c	orr-reno.com
(Telephone	e)		(Fax)			
III. This statement reportable expense						ile a separate report for
All reportable to			nonths prior to th	e reporting date	relative to the fo	ollowing client:
The Rubbe			w 9.	D	-	
<u>OR</u>	(Full Nam	e of Client as it	appears on the Lob	byist Registration	Form)	
			icluding the lobb	yist's family), or	the lobbying fir	m listed below which are
IV. Date of Report	•	, 2017 [] e of registration	to 3/31/17	July 26, 2 activity from 4/1		
		25, 2017 [] n 7/1/17 to 9/30/	717		31, 2018 🔀 /1/17 to 12/31/17	
V. There have be If this box is checke Concord, NH 0330	d, complete ji					last report. 🛭 🗷 e House, Room 204,
VI Charlest additi	anal vananta	awa attaabad.				
VI. Check if additi ☐ If you have rec	_		ires vou must file	Addendum A	- Fees and Evner	neae
•	d an honorarii	•	• •		•	t of Honorariums or
•		nily has made p	olitical contribut	ions, you must fi	ile Addendum (C-Political Contributions
Sworn Statement/A I have read RSA 15 and complete to the	, RSA 15-B, I best of my ki	RSA 14-C and		eby swear or aff		going information is true
(Signature of lobby	rist)				(Date)	
Maureen D.						RECEIVED
(Print Name of lob	byist)					

JAN 31 2018